

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

04/924 824

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3							53						
4				1			54						
5			1				55						
6				1			56						
7				1			57						
8				1			58						
9				1			59						
10			1				60						
11				1			61						
12				1			62						
13				1			63						
14							64						
15							65						
16							66						
17							67						
18				1			68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26				1			76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			11				TOTAL DEP.						
TOTAL CLAIMS			14				TOTAL CLAIMS						